

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized CommitteeRECEIVED.  
SECRETARY OF THE SENATE13 APR 13 10:51  
Office Use Only

12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Ben Cardin for Senate, Inc.

ADDRESS (number and street) ▼

P.O. Box 21093

☐ Check if different than previously reported. (ACC)

Catonsville

MD

21228

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00411587

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

MD

00

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y

D D / Y Y Y Y Y

Y Y Y Y Y

in the State of

M M / D D / Y Y Y Y Y

- (c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y

D D / Y Y Y Y Y

Y Y Y Y Y

in the State of

M M / D D / Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y

01 / 01 / 2013

Y Y Y Y Y

through

M M / D D / Y Y Y Y Y

03 / 31 / 2013

Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert Mathias

Signature of Treasurer

Robert Mathias

Date

M M / D D / Y Y Y Y Y

04 / 15 / 2013

Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)